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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU040067
	First Named Inventor	Michael Anthony Pugel et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/453,491 60/453,763	03/11/2003 03/11/2003	

(Page 1 of 4)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI				
Address	Thomson Licensing Inc.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6813		Fax 609-734-6888
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	MICHAEL ANTHONY		Family Name PUGEL or Surname		
Inventor's Signature				Date	8-23-02
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Residence: State	INDIANA	Residence: Country	US	Residence: Citizenship	US
Mailing Address					
Mailing Address 20925 Creek Road					
City	Noblesville	State	Indiana	ZIP	46060
City	Noblesville	State	Indiana	Country	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	DOUGLAS EDWARD		Family Name LANKFORD or Surname		
Inventor's Signature				Date	6-29-04
Residence: City	CARMEL	State	INDIANA	Country	US
Residence: State	INDIANA	Residence: Country	US	Residence: Citizenship	US
Mailing Address					
Mailing Address 5256 Cheyenne Moon					
City	Carmel	State	Indiana	ZIP	46033
City	Carmel	State	Indiana	Country	US
<input checked="" type="checkbox"/> Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page **1** of **2**

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
JOHN JOSEPH				CURTIS, <i>II</i>	
Inventor's Signature <i>John Joseph Curtis II</i>				Date <i>6/28/04</i>	
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 121 Scarborough Circle					
City	Noblesville	State	Indiana	ZIP	46060
Country US					
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
KEITH REYNOLDS				WEHMEYER	
Inventor's Signature <i>Keith Reynolds Wehmyer</i>				Date <i>7/2/04</i>	
Residence: City	FISHERS	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 6411 Columbia Circle					
City	Fishers	State	Indiana	Zip	46038
Country US					
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
MIKE ARTHUR				DERRENERBERGER	
Inventor's Signature <i>Mike Arthur Derrenberger</i>				Date <i>6/25/2004</i>	
Residence: City	FISHERS	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 11721 River Ridge Drive					
City	Fishers	State	Indiana	Zip	46038
Country US					

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 2 of 2

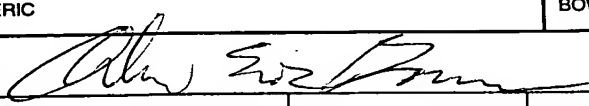
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
TERRY WAYNE			LOCKRIDGE		
Inventor's Signature <i>x Terry Wayne Lockridge</i>				Date <i>x 6/25/04</i>	
Residence: City	DAYTON	State	OHIO	Country	US
Citizenship US					
Mailing Address					
Mailing Address 5478 Grantland Drive					
City	Dayton	State	Ohio	ZIP	45429
Country			US		
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
ANDREW ERIC			BOWYER		
Inventor's Signature				Date	
Residence: City	INDIANAPOLIS	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 8767 Shelbyville Road					
City	Indianapolis	State	Indiana	Zip	46259
Country			US		
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		Zip	
Country					

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Page 2 of 2

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
TERRY WAYNE				LOCKRIDGE	
Inventor's Signature				Date	
Residence: City	DAYTON	State	OHIO	Country	US
Mailing Address					
Mailing Address 5478 Grantland Drive					
City	Dayton	State	Ohio	ZIP	45429
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
ANDREW ERIC				BOWYER	
Inventor's Signature				Date	
				6/21/04	
Residence: City	INDIANAPOLIS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 8767 Shelbyville Road					
City	Indianapolis	State	Indiana	Zip	46259
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		Zip	
				Country	

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	MICHAEL ANTHONY PUGEL, et al.
	Title	APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS BY DOWN-CONVERTING TO VACANT CHANNELS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU040067

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

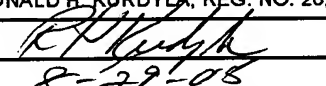
☐ The above-mentioned Customer Number:
OR
☐ The address associated with Customer Number:
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6818	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	RONALD H. KURDYLA, REG. NO. 26,932				
Signature					
Date	8-29-05	Telephone	609-734-6818		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
THOMSON LICENSING**

We,

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

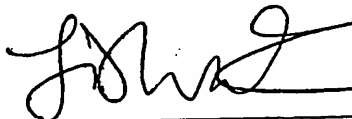
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:



Julian Waldron
President

**POWER OF ATTORNEY
THOMSON LICENSING**

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

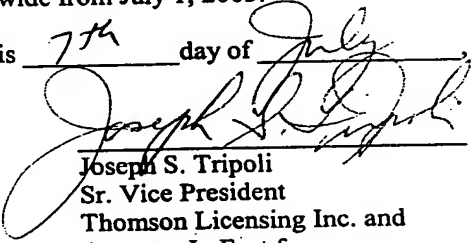
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Richard LaPeruta - Patent Counsel
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William A. Lagoni - Patent Agent
Brian J. Cromarty - Patent Agent
Ronald Kolczynski - Member Patent Staff
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 7th day of July, 2005.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

David Fournier